# FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SEC Mail Processing Section

FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6) AND/OR

AUG 13 2008

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB Number:3235-0076 Expires:August 31, 2008 Estimated average burden hours per form16.00							
SEC USE ONLY							
Prefix		;	Serial				
	I	1					
DATE RECEIVED							
	1						

Wash	nington, DC						1	<u> </u>
Name of Offering	(☐ check if this is an a	mendment and name	has changed, and i	ndicate change.)				<del></del>
Voting, Redeemabl	e Shares in Aristos Cap	ital Offshore Fund Lt	d.					
Filing Under (Check	box(es) that apply):	☐ Rule 504	☐ Rule 505	□ Rule 506	□ Se	ection 4(6)	ULO	E
Type of Filing:	☑ New Filing	☐ Amendment						
	- · · · ·	A. BASIC	DENTIFICAT	ION DATA			D 14 M 14 D 15 T	
1. Enter the inform	nation requested about th	e issuer						
Name of Issuer	check if this is an a			ANTION DONNERS				
_Aristos Capital Offs	shore Fund Ltd.						08058	104
Address of Executive	e Offices		(Number and Stre	et, City, State, Zip Co	de) T	elephone Nu	mber (Incl	uding Area Code)
c/o Ogier Fiduciary Cayman, Cayman I	Services (Cayman) Lim slands	ited, Queensgate Ho	use, South Church	Street, Grand				
Address of Principal	Offices c/o Aristos Cap	ital, LLC, c/o Pilosoft	(Number and Stre	et, City, State, Zip Co	de) T	elephone Nu	mphps (Acc)	CESSED®)
(if different from Exe	cutive Offices) 55 B	road Street, New York	, NY 10004				PRO	CESSED
Brief Description of E	Business: private in	vestment company				B	AUG	<b>2</b> 1 2008
Type of Business Or	ganization		· <del>_</del>	· <del>- · · · · · · · · · · · · · · · · · ·</del>		T	UOMC/	ON REUTERS
	corporation	☐ limited p	artnership, already	formed	🔯 othe	er (please sp		JIN KEUIEKS
	D business trust	limited p	artnership, to be fo	rmed (a (	Cayman	Islands exem	npted com	pany)
	Date of Incorporation or Cooration or Cooration or Organization:	(Enter two-letter U.S. F		Year  viation for State; or other foreign jurisdi		⊠ Act	ual N	☐ Estimated
					7	ـــــــ		

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

not required to respond unless the form displays a currently valid OMB control number. A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Promoter □ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Check Box(es) that Apply: Full Name (Last name first, if individual): Aristos Capital Management LLC (Investment Manager) Business or Residence Address (Number and Street, City, State, Zip Code): c/o Pilosoft, Inc. 55 Broad Street, New York, NY 10004 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Woodard, Nelson P., Ph. D. Business or Residence Address (Number and Street, City, State, Zip Code): c/o Aristos Capital, LLC, c/o Pilosoft, Inc., 55 Broad Street, New York, NY Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Shimunov, Lenny B. Business or Residence Address (Number and Street, City, State, Zip Code): c/o Aristos Capital, LLC, c/o Pilosoft, Inc., 55 Broad Street, New York, NY Check Box(es) that Apply: ☐ Beneficial Owner □ Director ☐ General and/or Managing Partner □ Promoter Full Name (Last name first, if individual): Peng, Jeffrey K. Business or Residence Address (Number and Street, City, State, Zip Code): c/o Aristos Capital, LLC, c/o Pilosoft, Inc., 55 Broad Street, New York, NY 10004 Check Box(es) that Apply: ☐ Beneficial Owner ☐ Director ☐ General and/or Managing Partner ☐ Promoter Full Name (Last name first, if individual): Jaeger, Raymond Business or Residence Address (Number and Street, City, State, Zip Code): c/o Aristos Capital, LLC, c/o Pilosoft, Inc., 55 Broad Street, New York, NY 10004 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Jagai, Lloyd Business or Residence Address (Number and Street, City, State, Zip Code): c/o Aristos Capital, LLC, c/o Pilosoft, Inc., 55 Broad Street, New York, NY Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner □ Executive Officer □ Director ☐ General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

☐ Executive Officer

c/o Aristos Capital, LLC, c/o Pilosoft, Inc., 55 Broad Street, New York, NY

c/o Aristos Capital, LLC, c/o Pilosoft, Inc., 55 Broad Street, New York, NY

☐ General and/or Managing Partner

□ Director

Murugesu, Vijayabalan

☐ Beneficial Owner

Burton, Evan

Full Name (Last name first, if individual):

Full Name (Last name first, if individual):

Check Box(es) that Apply:

10004

10004

Business or Residence Address (Number and Street, City, State, Zip Code):

Business or Residence Address (Number and Street, City, State, Zip Code):

☐ Promoter

					В.	INFUR	MATION	ABOUT	OFFER	IING			
1.	Has the issue	er sold, or	does the is	suer inten			redited inve pendix, Co				••••••	☐ Yes	⊠ No
2.	What is the r	ninimum in	vestment i	that will be	accepted	from any i	individual?	••••••			•••••	\$1,	,000,000 (may be waived)
3.	Does the offe	ering permi	it joint own	ership of a	a single un	it?						⊠ Yes	i □ No
	any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full 1	lame (Last n	ame first, i	f individual	) <b>N</b> /A	4								
Busin	ess or Resic	lence Addı	ress (Numl	per and St	reet, City,	State, Zip	Code)			,			
Nam	of Associat	ed Broker	or Dealer										
	s in Which P (Check "All S												☐ All States
□ [A	•				[CO]						☐ [Hi]	□ [ID]	- All States
	.] 🔲 [IN]	□ [IA]	☐ [KS]	[KY]	☐ [LA]	☐ [ME]	☐ [MD]	[MA]	☐ [MI]	☐ [MN]	☐ [MS]	[MO]	
<b>□</b> [N	IT) 🔲 (NE)	□ (NV)		□ [NJ]	□ [NM]	☐ [NY]		□ [ND]			□ [OR]	□ [PA]	
□ [F	i) 🔲 [SC]	CSD]	□ [TN]	□ [XT]		□ (VT)	□ [VA]	[AW]	[wv]		[WY]	□ [PR]	
Full N	lame (Last n	ame first, i	f individual	)									
Busir	ess or Resid	ence Addr	ess (Numb	per and St	reet, City,	State, Zip	Code)						
Nami	of Associate	ed Broker	or Dealer										
	s in Which P (Check "All S												☐ All States
□ [A		[AZ]			☐ [CO]					☐ [GA]	☐ [HI]	[OI] 🔲	
[II	.] 🔲 [IN]	[AI]	☐ [KS]	☐ [KY]	□ [LA]	☐ [ME]	[MD]	☐ [MA]	[MI]	☐ [MN]	☐ [MS]	[MO]	
<b>□</b> [M	T]   [NE]	□ [NV]	□ [NH]	□ [NJ]	☐ [NM]	□ [NY]	☐ [NC]	□ [ND]	□ [OH]			☐ [PA]	
	ı) 🗆 (SC)	☐ [SD]	[מז]	□ (TX)	[[UT]		□ (VA)	□ [WA]	□ [WV]	[WI]		☐ [PR]	
Full N	lame (Last na	ame first, it	f individual	)									
Busir	ess or Resid	ence Addr	ess (Numb	er and Str	reet, City, S	State, Zip	Code)			,			
Name	of Associate	ed Broker o	or Dealer	•	-			-					
	s in Which Po Check "All S												☐ All States
□ [A	L) 🔲 [AK]	□ {AZ]	☐ [AR]	☐ [CA]	☐ (CO)		□ [DE]	□ [DC]	☐ (FL)	□ [GA]	☐ [HI]	☐ [iD]	
☐ [ir	] [IN]	□ (IA)	☐ (KS)	□ [KY]	□ (LA)						☐ [MS]		
_ [N	_	-		[M]							☐ [OR]		
			[אז]		[נדט]				· · · · · · · · · · · · · · · · · · ·			☐ [PR]	<u></u>
				(Use bla	nk sheet, d	or copy an	d use addi	tional copi	es of this s	sheet, as r	ecessary)		

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box  and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	<u>\$</u>	0	<u>\$</u>	
	Equity	\$	0	<u>\$</u>	
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	<u>\$</u>	0	\$	
	Partnership Interests	\$	0	\$	
	Other (Specify) Voting, Redeemable shares)	\$	100,000,000	\$	28,487,525
	Total	\$	100,000,000	\$	28,487,525
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
			Number Investors		Dollar Amount of Purchases
	Accredited Investors		13	<u>\$</u>	28,487,525
	Non-accredited Investors		0	<u>\$</u>	00
	Total (for filings under Rule 504 only)		0	\$	0
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C–Question 1.				
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505		·	s	00.2
	Regulation A			s s	
	Rule 504		N/A	s	
	Total		N/A	- <u>-</u>	
ŧ.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		🗖	\$	0
	Printing and Engraving Costs		🗖	\$	16,069
	Legal Fees		🛛	\$	0
	Accounting Fees	•••••	🗖	\$	0
	Engineering Fees		🗆	\$	00
	Sales Commissions (specify finders' fees separately)		🗆	<u>\$</u>	0
	Other Expenses (identify)		🗆	\$	00
	Total		🗆	\$	16,069

	C. OFFERING PRICE, NUMBER OF INVESTORS, EX	PENSES A	AND USE OF PR	COCEEDS	·
4	b. Enter the difference between the aggregate offering price given in response to Par Question 1 and total expenses furnished in response to Part C—Question 4.a. This differance disputed gross proceeds to the issuer."	erence is the		<u>\$</u>	99,983,931
5	Indicate below the amount of the adjusted gross proceeds to the issuer used or propos used for each of the purposes shown. If the amount for any purpose is not known, furnestimate and check the box to the left of the estimate. The total of the payments listed the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.1	ish an must equal	Payments to Officers, Directors & Affiliates		Payments to Others
	Salaries and fees		\$	□	\$
	Purchase of real estate		\$	🗆	\$
	Purchase, rental or leasing and installation of machinery and equipment		\$		\$
	Construction or leasing of plant buildings and facilities		\$		\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another iss pursuant to a merger	suer	\$	_ 0	\$
	Repayment of indebtedness		\$	🗆	\$
	Working capital		\$	XX	\$99,983,931
	Other (specify):		\$	🗆	\$
			\$	🗆	\$
	Column Totals		\$	<b>K</b>	\$99,983,931
	Total payments Listed (column totals added)		XIX	<b>\$</b> 99 <b>,</b> 983	,931
	D. FEDERAL SIGNAT	URE			
CO	is issuer has duly caused this notice to be signed by the undersigned duly authorized penstitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Cothe issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	erson. If this n	otice is filed under Ron written request of	tule 505, the its staff, the	following signature information furnished
Iss	suer (Print or Type) Signature			Date	
Ar	istos Capital Offshore Fund, Ltd. Land	gar		August	13,2008
	me of Signer (Print or Type)  Title of Signer (Print or Type)	D(c			
Lic	oyd Jagai Authorized Person			<del></del>	

### **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE									
1.	Is any party described in 17 CFR 230.262 presently provisions of such rule?	y subject to any of the disqualification	Yes ⊠ No							
	See Appe	endix, Column 5, for state response.								
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.									
<b>3</b> .	The undersigned issuer hereby undertakes to furni	sh to the state administrators, upon written request, inf	formation furnished by the issuer to offerees.							
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.									
	suer has read this notification and knows the contents ized person.	to be true and has duly caused this notice to be signed	on its behalf by the undersigned duly							
	(Print or Type) stos Capital Offshore Fund, Ltd.	Signature Land Jugar	Date August 13,2008							
Name	of Signer (Print or Type)	Title of Signer (Print or Type)								
Lloyd	Jagai	Authorized Person								

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

		•		APF	PENDIX				
1			3			4		-	
	Intend to sell to non-accredited investors in State		Type of security and aggregate offering price offered in state (Part C – Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)				
State	(Part B – Item 1) Yes No		Voting, Redeemable Shares	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Non-Accredited		
AL									
AK									
AZ									
AR									
CA									
со									
ст	···			· <u></u>					
DE									
DC									
FL		х	\$100,000,000	1	\$1,400,000	0	\$0		х
GA							· · ·		
н									
ID							•		
IL I				ĺ					
IN.									
IA		х	\$100,000,000	1	\$1,000,000	0	\$0		х
KS		<u>-</u>							
KY_									
LA		Х	\$100,000,000	3	\$625,000	0	\$0		x
ME					<u> </u>				
MD									
MA		х	\$100,000,000	1	\$1,150,000	0	\$0		х
МІ									
MN		х	\$100,000,000	1	\$400,000	0	\$0		х
MS									
МО									
MT									
NE									
NV								<del> </del>	
NH									
NJ		х	\$100,000,000	1	\$950,000	0	\$0		х
NM									

				APF	PENDIX					
1		2	3		4					
	to non-a	I to sell ccredited s in State – Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Amount purchased in State (Part C – Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NY		×	\$100,000,000	2	\$337,525	0	\$0		х	
NC										
ND										
ОН									T	
ок										
OR									T	
PA									T	
RI										
sc										
SD										
TN			····						<u> </u>	
TX			<u></u>		<del></del>					
UT									<u> </u>	
VT										
VA										
WA									<u> </u>	
wv										
WI			<u> </u>						<u> </u>	
WY			<u></u> .						<u> </u>	
Non US		x	\$100,000,000	3	\$22,500,000	0	\$0		x	

